

# Saint Peregrine, O.S.M. – the patron saint of cancer patients

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The present-day management of the patient with cancer in well developed countries now consists of so many sophisticated medical, surgical and radiotherapeutic techniques that I wonder if those administering these techniques know or care about Saint Peregrine, the patron saint of cancer patients. What follows is a brief report of his life and the miracle cure that made him their patron saint.<sup>1-5</sup>

Peregrine Laziosi was born in 1265 in the town of Forli in northern Italy, not far from the Adriatic Sea. "His father was a wise man who traced his lineage from a famous and old Latin family; he was a man who was richer in the talents and abilities of the mind than in material resources."<sup>1</sup> Peregrine took an active part in the politics of his native city, which belonged to an antipapal party. On the occasion of a popular uprising Saint Philip Benizi, who had been sent by the Pope to act as a mediator, was manhandled and Peregrine himself struck St. Benizi on the face. St. Benizi's only response was to offer the other cheek. Peregrine was so impressed with the meekness and tolerance of this man that he tearfully confessed his guilt and begged forgiveness. St. Benizi forgave him and Peregrine was a reformed character, dedicating himself to a religious life. He spent many hours in prayer on his knees in the chapel of Our Lady in the Cathedral. One day the Blessed Virgin herself appeared to him and said, "Your name is Peregrine, therefore you will be both in name and in fact peregrinal (one who goes abroad). For you must go abroad to Siena

straightway and when you arrive there you will find those holy men [Order of the Servants of Mary] praying: when you approach their ranks, you will ask many questions."<sup>1</sup> He went to Siena and was received into the order by the same Philip Benizi whom he had previously struck in the face. After some years in Siena he returned to Forli to found a new house for the order there.

He was an ideal priest, fervent in the celebration of the holy mysteries, eloquent in preaching, untiring in converting and reconciling sinners. It is reported that for 30 years he never sat down, standing while eating, kneeling while praying and leaning against a rock or church bench while sleeping.



FIG. 1—Saint Peregrine of Forli, reproduced from "Santorale Antico Dei Servi".<sup>2</sup>

Peregrine spent 62 years of his life in the Servites. He died in 1345 at the age of 80. He is reported to have performed, both personally and through prayers to him after his death, such miracles as curing the blind, removing evil spirits and healing severe abdominal injuries. In 1726 he was canonized. He was a popular saint not only in Italy but also in Austria and Spain. It is said that on four separate occasions (1608, 1697, 1715 and 1926) when his remains were exhumed for inspection the body was found intact.

Some time in the latter part of his life a disease "... which caused this decaying and so strange swelling of his shin, which they call cancer, came most harshly; from it such a horrible stench was given off that it could be endured by no one sitting by him."<sup>3</sup> He was visited by a physician called Paulus Salatius, who could find no cure and recommended amputation of the limb. The night before the operation Peregrine dragged himself to the meeting room of the order and prayed before a wall fresco depicting the Crucifixion of Christ. After much prayer he fell asleep. When he awoke his shin was normal. He gave thanks and returned to his room. When the physician came in the morning to perform the operation, Peregrine told of the cure. The physician thought that Peregrine was out of his mind because of the severity of the disease. "Show me your shin," Paulus Salatius said, 'so that I may protect you from the infective destruction of your whole body.' Peregrine replied, 'O doctor, cure yourself; that skill of yours is not necessary for me. The First Doctor and Supporter of human safety for his Name's sake has driven all my sickness from me.' Immediately

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# Lasix® for the long term

**Composition:** Each tablet contains 40 mg or 20 mg furosemide. Each 2 ml ampoule contains 20 mg furosemide; each 4 ml ampoule contains 40 mg. **Indications — Oral:** Mild to moderate hypertension or with other hypotensives in severe cases. Edema associated with congestive heart failure, cirrhosis of the liver, renal disease including the nephrotic syndrome, as well as other edematous states, e.g., premenstrual tension. **Parenteral:** Acute pulmonary, cardiac, hepatic or renal edema. **Contraindications:** Complete renal shutdown. Discontinue if increasing azotemia and oliguria occur during treatment of progressive renal disease. In hepatic coma and electrolyte depletion, do not institute therapy until the basic condition is improved or corrected. Until further experience has been accumulated, do not administer parenterally to children. **Warnings:** Sulfonamide diuretics have been reported to decrease arterial responsiveness to pressor amines and to enhance the effects of tubocurarine. Exercise caution in administering curare or its derivatives during Lasix therapy. Discontinue 1 week prior to elective surgery. Cases of reversible deafness and tinnitus have been reported when Lasix Parenteral was given at doses exceeding several times the usual therapeutic dose of 20 to 40 mg. Transient deafness is more likely to occur in patients with severe impairment of renal function and in patients also receiving drugs known to be ototoxic. **Precautions:** Inject Lasix Parenteral slowly [1 to 2 minutes] when i.v. route is used. Sodium intake should not be less than 3 g/day. Potassium supplements should be given when high doses are used over prolonged periods. Caution with potassium levels is desirable when on digitalis glycosides, potassium-depleting steroids, or in impending hepatic coma. Potassium supplementation, diminution in dose, or discontinuation of Lasix may be required. Aldosterone antagonists should be added when treating severe cirrhosis with ascites. Reproduction studies in animals have produced no evidence of drug-induced fetal abnormalities. Lasix has had only limited use in pregnancy and should be used only when deemed essential. Check urine and blood glucose as decreased glucose tolerance has been observed. Check serum calcium levels as rare cases of tetany have been reported. Patients receiving high doses of salicylates with Lasix may experience salicylate toxicity at lower doses. **Adverse reactions:** As with any effective diuretic, electrolyte depletion may occur especially with high doses and restricted salt intake. Electrolyte depletion may manifest itself by weakness, dizziness, lethargy, leg cramps, anorexia, vomiting and/or mental confusion. Check serum electrolytes, especially potassium at higher dose levels. In edematous hypertensives reduce the dosage of other antihypertensives since Lasix potentiates their effect. Asymptomatic hyperuricemia can occur and gout may rarely be precipitated. Reversible elevations of BUN may be seen especially in renal insufficiency. Dermatitis, pruritus, paresthesia, blurring of vision, postural hypotension, nausea, vomiting, or diarrhea may occur. Anemia, leukopenia, and thrombocytopenia [with purpura] and rare cases of agranulocytosis have occurred. Weakness, fatigue, dizziness, muscle cramps, thirst, increased perspiration, bladder spasm and symptoms of urinary frequency may occur. **Overdosage:** Symptoms: Dehydration and electrolyte depletion. Treatment: Discontinue drug and institute water and electrolyte replacement. **Dosage and administration — Oral:** Hypertension: Usual dosage is 40 to 80 mg daily. Individualize therapy and adjust dosage of concomitant hypotensive therapy. **Edema:** Usual initial dosage is 40 to 80 mg. Adjust according to response. If diuresis has not occurred after 6 hours, increase dosage by increments of 40 mg as frequently as every 6 hours if necessary. The effective dose can then be repeated 1 to 3 times daily. A maximum daily dose of 200 mg should not be exceeded. Maintenance dosage must be adjusted individually. An intermittent dosage schedule of 2 to 4 consecutive days each week may be utilized. With doses exceeding 120 mg/day, clinical and laboratory observations are advisable. **Parenteral:** Usual dosage is 20 to 40 mg given as a single dose, injected i.m. or i.v. The i.v. injection should be given slowly [1 to 2 minutes]. Ordinarily, a prompt diuresis ensues. If diuresis is not satisfactory, succeeding doses may be increased by increments of 20 mg 2 hours after the previous dose, until the required diuresis is obtained. The maximum recommended daily dosage is 100 mg. Acute pulmonary edema: Administer 40 mg immediately by slow i.v. injection. May be followed by another 40 mg 1 to 1½ hours later. **Pediatric use:** Institute Lasix orally under close observation in the hospital. Single oral dose is 0.5 to 1 mg/kg. The daily oral dose should not exceed 2 mg/kg in divided doses. In newborns and pretermatures, the daily oral dose should not exceed 1 mg/kg. Particular caution with potassium levels is desirable. Do not administer to jaundiced newborns or infants suffering from diseases with the potential of causing hyperbilirubinemia and possibly kernicterus. **Supply:** Yellow, round, scored 40 mg tablets [Code DLI] in bottles of 50 and 500. White round 20 mg tablets [Code DLF] in bottles of 30. Amber ampoules of 2 ml in boxes of 5 and 50; 4 ml in boxes of 50. Complete information on request.

pointing to his shin, 'Look with your eyes', he said, 'Recognize what Doctor I have had.' Then the physician was astonished in a marvellous manner when he saw the skin so free, so whole, that no signs of so great a tumour were seen, no scars of wasting cancer, and he said to his companions, 'O great miracle!' [*O miraculum ingens. (Italian — O fatto stupendo)*]. Immediately the fame of such a thing was spread far and wide and it produced very great adoration from all for Peregrine."<sup>1</sup>

It is not easy to know exactly the nature of Peregrine's leg lesion. Prior to the 16th century the words cancer and canker were used interchangeably to mean an eating, spreading sore or ulcer; a gangrene (O.E.D.). So although in the oldest reference I have the Latin word *cancer* was used, it should be clear that in English, at

least, cancer did not then necessarily mean a new growth in the sense that it now does. My differential diagnosis of Peregrine's leg lesion would be (a) a malignant growth, perhaps squamous cell type, (b) a stasis ulcer and (c) ischemic gangrene. M. Loreti, after a re-examination of Peregrine's corpse in 1959, came to the conclusion that Peregrine's sore (*piaga*) was caused by varicose veins, presumably aggravated by his habit of standing for long periods of time.<sup>6</sup> If it was a cancer and did disappear as has been reported, we would now say it was a case of spontaneous regression and mumble something about the interplay of host resistance and tumour invasiveness.

Not being a classical scholar, I have had to rely on others to help me prepare this paper. Mr. J. J. Burrows of Nepean High School, Ottawa, translated the Borghese report from the Latin. Dr. Lou Neri of Ottawa obtained for me information on the life of St. Peregrine in "Santorale Antico Dei Servi" and helped me translate the Italian into English. Father Allie, O.M.I., Librarian of St. Paul University, Ottawa opened his library to me and helped me locate and translate background material.

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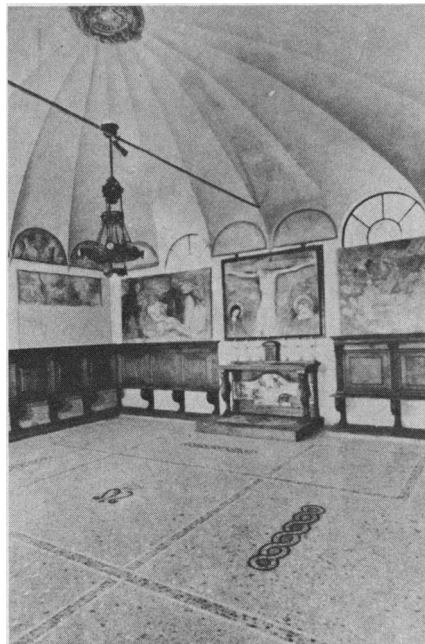


FIG. 2—The meeting room of the convent of the Servants of Mary in Forli. The fresco of the Crucifixion shown above the prayer table is the one that, according to tradition, healed Saint Peregrine's cancerous leg ulcer. Reproduced from "Santorale Antico Dei Servi".<sup>2</sup>

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